10/587360

## APPLICATION DATA SHEET

Application Information	IAP5 Rec'd PCT/PTO	26JUL	2006

Application Number::	
Filing Date::	
Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD Disks::	
Number of Copies of CDs::	
Sequence Submission?::	
Computer Readable Form (CRF)?::	No
Number of Copies of CRF::	
Title::	SWITCHING DEVICE
Attorney Docket Number::	1034456-000051
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	6 .
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No

Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No
Applicant Information	
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Finland
Status::	Full Capacity
Given Name::	Harri
Middle Name::	
Family Name::	MATTLAR
Name Suffix::	
City of Residence::	Iskmo
State or Province of Residence::	
Country of Residence::	Finland
Street of Mailing Address::	Jungsundsvägen 809
City of Mailing Address::	Iskmo
State or Province of Mailing Address	<b>3</b> ::
Country of Mailing Address::	Finland
Postal or Zip Code of Mailing Addre	ss:: FI-65760
	٠.
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Finland
Status::	Full Capacity

Given Name::	Aki
Middle Name::	
Family Name::	SUUTARINEN
Name Suffix::	
City of Residence::	Vaasa
State or Province of Residence::	
Country of Residence::	Finland
Street of Mailing Address::	Pihkatie 12 A 5
City of Mailing Address::	Vaasa
State or Province of Mailing Address::	
Country of Mailing Address::	Finland
Postal or Zip Code of Mailing Address::	FI-65320
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Finland
Status::	Full Capacity
Given Name::	Rainer
Middle Name::	
Family Name::	KOLMONEN
Name Suffix::	
City of Residence::	Laihia
State or Province of Residence::	
Country of Residence::	Finland
Street of Mailing Address::	Urputie 3 as 1
City of Mailing Address::	Laihia

State or Province of Mailing Address::

Country of Mailing Address:: Finland

Postal or Zip Code of Mailing Address:: FI-66400

**Correspondence Information** 

Correspondence Customer Number:: 21839

Phone Number:: (703) 836-6620

Fax Number: (703) 836-2021

Representative Information

Representative Customer Number:: 21839

**Domestic Priority Information** 

Application:: Continuity Type:: Parent Application:: Parent Filing

Date::

This Application National Stage of PCT/FI2005/000070 02/02/2005

Foreign Priority Information

Country:: Application Number:: Filing Date:: Priority

Claimed::

Finland 20045026 02/03/2004 Yes

**Assignee Information** 

Assignee Name:: ABB OY

Street of Mailing Address:: Strömbergintie 1

City of Mailing Address:: Helsinki

State or Province of Mailing Address::

Country of Mailing Address:: Finland

Postal or Zip Code of Mailing Address:: FI-00380